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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Liberia

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Liberia with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $2,000,000 from general resources, subject to the availability of funds, and $2,500,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.4
U5MR (per 1,000 live births)	217
IMR (per 1,000 live births)	144
Underweight (% moderate and severe) (1976)	20
Maternal mortality rate (per 100,000 live births) (1990)	560
Literacy (% male/female) (1995)	54/22
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1995)	46
Access to health services (%) (1985)	39
GNP per capita	a/

One-year-olds fully immunized against:

tuberculosis:	84 per cent
diphtheria/pertussis/tetanus:	43 per cent
measles:	44 per cent
poliomyelitis:	45 per cent

Pregnant women immunized against:

tetanus:	35 per cent

a/ Estimated to be low-income ($725 or less).

THE SITUATION OF CHILDREN AND WOMEN

1. Since the civil war began in Liberia at the end of 1989, of the country's estimated population of 2.9 million, more than 150,000 people have been killed, 800,000 have fled to neighbouring countries for safety and a further 1 million have been internally displaced. Almost 75 per cent of the Liberians remaining in the country are concentrated in the few safe areas controlled by the peace-keeping force provided by the Economic Community of West African States. Most of the country is still controlled by armed factions and access is limited. The economy has collapsed and the physical infrastructure has been largely destroyed. A comprehensive peace agreement, which established a Council of State comprised of leaders of the factions, was signed in Abuja, Nigeria, in August 1995. Because of the extreme brutality of the war, much of the population is traumatized and children are particularly affected. Approximately 15,000 to 20,000 of the armed combatants are children, and up to 10 per cent of them are girls. Very large numbers of women and girls have been physically or sexually abused.

2. The population is largely confined to the two main urban areas of Monrovia and Buchanan. Services such as electricity, water supply and garbage collection have ceased. In rural areas, insecurity has left the few remaining residents unable to farm. Many areas remain inaccessible to aid agencies and devoid of all humanitarian assistance.

3. Accurate data are not available given the volatile situation. However, surveys estimate that in the six years since the outbreak of war, the infant mortality rate has increased from 134 to 144 per 1,000 live births and the under-five mortality rate (U5MR) from from 205 to 217 per 1,000 live births. Liberia now has the ninth highest U5MR in the world. The major causes of child mortality are malaria, diarrhoeal diseases, acute respiratory infections (ARI) and malnutrition. The rate of acute malnutrition among children under five years of age ranges from 9.3 to 40 per cent, depending on the location.

4. Liberia has plentiful natural water resources. Prior to the war, however, only 23 per cent of the rural population had access to a safe water supply and sanitation facilities were not common. In Monrovia, aid agencies have made massive efforts to provide safe water and sanitation facilities, but the ever moving and increasing population leaves the city squalid and unhealthy.

5. In 1988, only 34 per cent of school-age children entered first grade. Now, the education system has virtually collapsed outside of urban areas. In 1995, Monrovia and two other safe areas had a net enrolment of 56 per cent, with negligible gender disparity.

PROGRAMME COOPERATION, 1994-1996

6. The situation in Liberia has remained tense during 1994-1996. UNICEF has concentrated on the safe areas where most people live, implementing health and nutrition, water and sanitation, and education programmes for the internally displaced in camps and shelters. These services have been supplemented by trauma counselling for children and women, peace education and training in conflict resolution. Services were provided to other areas when security permitted. To facilitate programme activities, UNICEF established a base in Buchanan, which has a population of 150,000. The strategy has evolved to focus on longer-term, sustainable programmes using a broad spectrum of partners, while maintaining the capacity to respond effectively to the emergency situations that frequently arise.

7. The health and nutrition programme introduced the Bamako Initiative in six pilot villages. The strategy for the delivery of health service involves partnership with government and community groups and non-governmental organizations (NGOs). Capacity-building focuses on revitalizing health facilities and services. Seventy health facilities and three county health teams are functioning. In Montserrado county (including Monrovia), immunization coverage have increased from 32 to 57 per cent since 1994.

8. The water and sanitation programme minimized outbreaks of disease by providing and chlorinating wells and hand-pumps, and by constructing group latrines in urban, peri-urban and rural areas. Approximately 500,000 people in Monrovia and an additional 60,000 displaced people and 80,000 rural residents

gained access to safe drinking water, and about 250,000 benefited from sanitation services. Communities were given cleaning tools and taught chlorination techniques for purifying drinking water. Intensive health and hygiene education included the establishment of oral rehydration therapy corners in health facilities. Light drilling rigs installed six wells for hospitals, shelters and orphanages.

9. UNICEF, the Ministry of Education, teachers' associations, NGOs and communities are collaborating to revitalize basic education services. Support was provided for community construction of temporary schools in shelters for displaced persons, as were basic educational supplies, and three curriculum centres were renovated. Intensive in-service training was provided to over 1,000 teachers. Teachers and community members were taught conflict resolution and mediation techniques.

10. The greatest challenge has been to respond to the needs of war-affected women and children. UNICEF has supported a wide range of innovative projects, including trauma counselling, peace education and skills training for former child soldiers and other war-affected young people, physical rehabilitation of children disabled by the war and family tracing and reunification. Other activities included support for orphans and monitoring of services provided by orphanages, support for women's groups to provide counselling and legal aid and income-generating skills for abused women and girls.

11. In all programmes, community mobilization and education have stressed the rights of the child. Facts for Life was translated into a major local language and used in community literacy classes. Workshops on child rights were held for the Transitional Legislative Assembly and for heads of political parties. Through local NGO partners, the attention of the Council of State was drawn to the widespread abuse of the rights of children and the need to protect those rights. The same message reached communities through radio broadcasts and brochures on the Convention on the Rights of the Child.

12. UNICEF assisted the Government with a multiple indicator cluster survey as all systems for routine data collection have collapsed and even pre-war data have been lost or destroyed. The survey covered three safe areas and provided useful baseline data for planning.

Lessons learned

13. Programme implementation has been made difficult by the absence of effectively functioning government structures. In the new programme, special attention will be given to strengthening the capacity of non-governmental institutions so that there will be capacity for the provision and management of basic services at the community level.

14. Advocacy for child rights was not as effective as it should have been because of a lack of partners. In the new programme, UNICEF will collaborate with civic groups to advocate intensively for child rights, particularly the demobilization of child soldiers.

RECOMMENDED PROGRAMME COOPERATION, 1997-1998

Estimated annual expenditure
(In thousands of United States dollars)

	1997	1988	Total
General resources			
Health and nutrition	325	300	625
Water and environmental sanitation	100	100	200
Children in especially difficult circumstances and education	125	150	275
Information, communication and advocacy	100	125	225
Programme support	350	325	675
Subtotal	1 000	1 000	2 000
Supplementary funding a/			
Health and nutrition	350	350	700
Water and environmental sanitation	400	400	800
Children in especially difficult circumstances and education	500	500	1 000
Subtotal	1 250	1 250	2 500
Total	2 250	2 250	4 500

a/ The amount of supplementary funding is based on the assumption that an inter-agency appeal will be launched in 1997.

Programme goals, objectives and strategies

15. Given the uncertain prospects for peace in Liberia, a short-duration programme is appropriate. The principal objectives of the programme will be to (a) advocate for and promote the protection of the rights of children; and (b) facilitate the psycho-social and physical rehabilitation of war-affected children and women. The strategy will continue to focus on longer-term sustainable humanitarian assistance and development, while retaining the capacity to respond rapidly to emergency situations. The balance between development and relief will be flexible, depending on the security situation. Extending coverage of basic services to previously inaccessible areas should encourage people to return home. As geographic coverage expands, communities will be assisted to assume responsibility for much of the management and maintenance of basic services. The strategy will also involve giving higher priority to social mobilization and advocacy, education and psycho-social and physical rehabilitation.

Health and nutrition

16. The programme objective is to provide primary health care country-wide. Government capacity will be strengthened at both central and county levels as security permits. Technical and material support will be provided for reactivation of health facilities and county health teams, using the principles of the Bamako Initiative. Health personnel will receive in-service training to upgrade their skills and improve supervision. Community capacity to manage and sustain health services will be strengthened. Efforts to reduce child mortality will focus on malaria prevention, using impregnated mosquito nets, combined with the promotion of effective case management of malaria, diarrhoea and ARI. Maternal health services will be improved through the training of traditional birth attendants, support to women's groups and advocacy for ending such harmful practices as female genital mutilation. Immunization activities will be integrated into maternal and child health services and will continue to be implemented by both government and NGO partners to expand sustainable coverage.

17. Community-based nutritional surveillance and nutrition education will include an assessment of micronutrient deficiencies. Vitamin A supplementation will cover the most affected areas. Emergency interventions will respond to outbreaks of diseases such as cholera and yellow fever. Acute malnutrition will be addressed in liaison with the Government, the World Food Programme, the World Health Organization and concerned NGOs.

Water and environmental sanitation

18. The provision of safe water and sanitation facilities in rural areas will be a priority, especially for returning displaced and refugee populations and for clinics, hospitals, schools and communities in rural and peri-urban areas. Communities will help to select sites and manage and maintain services. Technology will include shallow dug wells, drilled wells and hand-pumps, depending on conditions. Existing water points will be rehabilitated and upgraded to provide better quality and quantity of water.

19. Local NGOs will continue to train community teams and undertake implementation activities, but increasingly, personnel from the Ministry of Rural Development will receive in-service training in the construction of wells and the installation and maintenance of hand-pumps. The Government's policy on standardization will be supported and promoted among NGO partners. Emergency interventions, as needed, will continue to provide safe water and sanitation facilities to displaced people and those living in shelters or overcrowded peri-urban areas.

Children in especially difficult circumstances and education

20. The major objective is to assist the Ministry of Education to extend basic primary education to all children. Capacity-building activities will include intensive teacher training, the production and distribution of educational materials and the revision of the school curriculum to include peace education, conflict resolution and trauma management. The empowerment strategy will encourage child soldiers and wounded children to return to formal and non-formal educational services. Special emphasis will be placed on girls and young women subjected to violence, whose physical and psycho-social rehabilitation and

reintegration into community life will be facilitated through family reunification, skills training, peace education and physical rehabilitation. The trauma recovery programme will develop capacities to train community members to employ both traditional and contemporary counselling techniques to help traumatized children recover. Professional counselling for severely traumatized children will continue.

Information, communication and advocacy

21. Information and communication will help to integrate advocacy for children's rights into all programmes through a strategy of community mobilization aimed at awareness-raising and behavioural change. This will focus on the Bamako Initiative, the construction and management of community schools, health and hygiene education, HIV/AIDS education and community management of water resources.

Monitoring and evaluation

22. UNICEF will continue to support and collaborate with government agencies and NGOs in the collection and analysis of gender-disaggregated data for programme monitoring. The capacity of UNICEF to act as a source of information on children and women will be enhanced through thematic and programme-focused studies and evaluations. The situation analysis will be updated periodically.

Programme management

23. The Ministry of Planning and the local office of the Department of Humanitarian Affairs are responsible for coordinating UNICEF support with the assistance provided by other relief and development agencies. Plans of action for all projects will be prepared each year jointly with the Government and implementing NGOs. These plans will be reviewed at joint annual reviews involving UNICEF, the Government and NGOs. Within UNICEF, the health, education and information/communication units will work together closely to ensure integrated programming and coherent strategies for health and hygiene education and community mobilization.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : LIBERIA
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/c (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	625			625	0	0	0	1	0	0	1	2	0	3	299.5	161.7	461.2
WATER AND ENVIRONMENTAL SANITATION	200			200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
CEDC AND EDUCATION	275			275	0	0	0	0	0	0	0	2	1	3	0.0	196.9	196.9
INF., COMMUN. AND ADVOCACY	225			225	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	675			675	0	0	0	0	1	0	1	1	6	8	271.7	261.1	532.8
TOTAL GR	2,000			2,000	0	0	0	1	1	0	2	5	7	14	571.2	619.7	1,190.9
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	700	700	0	0	0	0	0	0	0	1	5	6	0.0	216.3	216.3
WATER AND ENVIRONMENTAL SANITATION		0	800	800	0	0	0	1	0	0	1	2	2	5	299.5	191.9	491.4
CEDC AND EDUCATION		0	1,000	1,000	0	0	0	1	0	0	1	0	2	3	459.5	72.2	531.7
INF., COMMUN. AND ADVOCACY		0	0	0	0	0	0	0	0	0	0	1	2	3	80.0	152.0	232.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	1	11	12	240.0	417.8	657.8
TOTAL SF		0	2,500	2,500	0	0	0	2	0	0	2	5	22	29	1,079.0	1,050.2	2,129.2
TOTAL GR & SF	2,000	0	2,500	4,500	0	0	0	3	1	0	4	10	29	43	1,650.2	1,669.9	3,320.1
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs 967.4 Staffing				0	0	1	1	1	0	3	2	8	13	926.1	458.8	1,384.9
GRAND TOTAL (GR+SF+ADM)					0	0	1	4	2	0	7	12	37	56	2,576.3	2,128.7	4,705.0
Number of posts and staff costs:																	
Current programme cycle											7	12	37	56			
At the end of proposed programme cycle (indicative only)											7	12	37	56	2,576.3	2,128.7	4,705.0

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.
c/ Additional funding for staff costs will come from Inter-agency Emergency Appeal.

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FOR ACTION

RECOMMENDATION FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE AMERICAS AND CARIBBEAN REGION WITHOUT RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES**

SUMMARY

The present document contains recommendations for supplementary funding for subregional programmes countries in the Americas and Caribbean region for which no recommendations for funding from general resources are requested. The programme proposals submitted here are aimed at expanding or complementing ongoing programmes in the region. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the programmes listed below, subject to the availability of specific-purpose contributions.

Programme	Amount (United States dollars)	Duration
Central America and Panama:		
Water supply and sanitation	2 500 000	1997-2001
Micronutrients	4 200 000	1997-2001
Amazon subregional	20 000 000	1997-2001

* E/ICEF/1996/18.

** The figures in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.2).

ABBREVIATIONS

CAPRE	Comité de Agua Potable Regional (Regional Water Committee)
CCAD	Comisión Centroamericano de Ambiente y Desarollo (Central American Commission for Environment and Development);
CIS	Consejo de Integración Social (Central American Council for Social Integration)
CSUCA	Consejo Superior de Universidades de Centroamerica (High Council for Universities of Central America)
FEMICA	Federación de Municipalidades del Istmo Centroamericano (Federation of Municipalities of the Central American Isthmus)
ICAITI	Instituto Centroamericano de Investigación y Tecrología (Central American Institute for Investigation and Industrial Technology)
IMR	infant mortality rate
INCAP	Instituto de Nutrición para Centroamerica y Panamá (Central American Nutrition Institute)
NGOs	non-governmental organizations
PAHO	Pan American Health Organization
PARLACEN	Parlamento Centroamericano (Central American Parliament)
PEC	primary environmental care
PHC	primary health care
RWSN-CA	Regional Water and Sanitation Network for Central America
USAID	United States Agency for International Development
WHO	World Health Organization

I. CENTRAL AMERICA AND PANAMA: WATER AND SANITATION

The situation of children and women

1. Although health conditions in Central America have improved and the infant mortality rate (IMR) in the subregion has steadily decreased in recent years, from 72 per 1,000 live births in 1981 to 42 in 1994, some health indicators have deteriorated. Cholera and dengue epidemics have swept the subregion and malaria is on the rise, exposing the vulnerability in particular of an estimated 10 million persons who still lack adequate access to such basic services as potable water, basic sanitation and health services. Access to clean water and sanitation has increased from an estimated rate in 1980 of 58 and 48 per cent respectively, to 68 and 70 per cent in 1995. However, given present rates of increase in access and the rate of population growth, the number of people without these services will still be around 10 million in the year 2000.

2. More than $100 million is expended annually in the water and sanitation sector in Central America, but the proportions spent on rural and peri-urban systems are very small because Governments still do not give low-cost, appropriate technology solutions sufficient priority. Cost-recovery schemes have been effective on a pilot scale, but there has been no large-scale replication.

3. The principal constraints to accelerating progress towards achievement of relevant goals for the year 2000 are inadequate sectoral organization; a weak health education system; environmental deterioration; poverty and inequality; lack of sufficient participation by women; and lack of linkages between the water and sanitation sector and the health, education, social and environmental sectors.

4. The countries of the subregion recognize their interdependency with each other on issues of peace, social and economic development and health and environment, and efforts for Central American cooperation have continued to be strengthened. A Central American Parliament (Parlamento Centroamericano (PARLACEN)) has been constituted and, more recently, the Central American Integration System has been established, with subsystems for the economy, social issues, education and the environment. Central American institutions that have particularly strengthened the potential for subregional water, sanitation and environmental actions include: the Central American Commission for Environment and Development (Comisión Centroamericano de Ambiente y Desarollo ((CCAD)); the Regional Water Committee (Comité de Agua Potable Regional (CAPRE)); and the Federation of Municipalities of the Central American Isthmus (Federación de Municipalidades del Istmo Centroamericano (FEMICA)), which represents the mayors of Central America in subregional forums. In addition, international agencies including UNICEF, the Pan American Health Organization/World Health Organization (PAHO/WHO), the World Bank and the United States Agency for International Development (USAID) have established the Regional Water and Sanitation Network for Central America (RWSN-CA), which aims to improve coordination and results in water and sanitation.

5. Opportunities to accelerate expansion of coverage of basic water and sanitation include the decentralization process and public sector reforms now under way in virtually each of the countries; and the commitments undertaken by the seven Heads of State of the region towards social integration, joint action on the environment and the goals for children for the year 2000.

Programme cooperation, 1991-1996

6. There is currently a subregional water supply, sanitation and environmental education programme covering the seven countries of Central America, with funding provided by the Governments of Sweden and Switzerland and the Guatemalan National Peace Fund.

7. The individual country programme components and the subregional programme largely achieved their coverage targets, providing basic water and sanitation services to 535,000 people as of 1995. Gender issues and community-based hygiene education have been incorporated into the programme. The subregional component has helped to strengthen country-level efforts by facilitating exchanges of experiences and has also served as an entry point for integrated programmes with municipalities in the Trifinio border area of El Salvador, Guatemala and Honduras. A model for municipal planning for water and sanitation developed with PARLACEN, the Ministries of Health and the water authorities of the three countries, helped to develop municipal capacities in the Trifinio area. This model was endorsed by the Vice-Presidents of the Central American countries, has been replicated in six UNICEF country programmes and gradually is being adopted as sectoral policy in these countries.

8. Subregional activities also included technical support for the preparation of seven national plans and a Central American plan for integrated water resources management. These plans provide for coordinated priority actions to safeguard endangered water resources and the provision of potable water and sanitation to the entire populations of the countries.

9. An end-of-cycle evaluation of the programme, commissioned by the donors, recommended: that greater emphasis be given to gender, health and hygiene education; integrated community-based planning designed within a planning model such as the logical framework approach; development of and strict adherence to a cost-recovery policy; selection of national and subregional implementing partners on the basis of criteria related to institutional capacity and sustainability; institutional development of major partners; and consideration of a gradual priority shift towards peri-urban groups. At the subregional level, it was noted that increased cross-country exchanges and projects should be facilitated as well as the introduction of state-of-the-art ways of implementing the recommendations. In addition, UNICEF believes that the subregional component can assume a greater advocacy role in the water and sanitation sector at the Central American level.

Lessons learned from past cooperation

10. The subregional scope of the programme has facilitated the exchange and application of successful experiences and the transfer of low-cost technologies between countries. It has also facilitated the application of standardized approaches to project costing, the development of subregional water and sanitation databases, the development of subregional guidelines for implementation of a gender focus in all country water and sanitation interventions, and regional standardization of low-cost technologies. Coordination of efforts with other international agencies and national institutions through the RWSN-CA has enhanced support to sectoral reform in different countries and information sharing on key areas, with the subregional programme providing inputs. Support to the development of Central American action plans for the control of cholera, dengue and integrated water resources management demonstrated that subregional level efforts add value to country-level interventions. While the exchange of experiences between countries has been encouraging, there is still a need to promote further and

capitalize on horizontal exchanges and opportunities for cross-fertilization between countries and projects. In addition, the absence of a common subregional monitoring and evaluation system using common indicators hindered systematic monitoring of programme implementation.

Proposed programme

11. Following the preparation of a subregional situation analysis, the programme was formulated through a series of subregional workshops with national and subregional partners, donor agencies and UNICEF country offices. The recommendations of the donor evaluation were also employed in the formulation of the new programme.

12. The proposed subregional programme complements the water and environmental sanitation programmes of the subregion's seven country programmes. (The combined financial outlay for the activities to be undertaken by the country programmes amounts to $20.5 million).

13. The objectives of the subregional programme are to: (a) collect, systematize and share information among the seven countries; (b) provide technical assistance to improve the effectiveness of the country-level water and sanitation programmes, focusing in particular on those areas identified by the evaluation as in need of strengthening; (c) develop uniform planning and monitoring systems that allow for comparative analyses at national and subregional levels with respect to reaching the goals for the year 2000; and (d)strengthen the institutional capacities of subregional partners.

14. Programme strategies include strengthening the capacities of country sectoral teams and of Central American public and private sector institutions which will enhance the development and implementation of policies and programmes for water, sanitation and environment. Activities will include training, technical assistance and use of methodologies that empower communities to identify needs, plan solutions and manage resources. Advocacy on a subregional level will focus Central American attention and priority actions on water, sanitation, hygiene and environmental protection.

15. The programme will be implemented through a subregional support unit, composed of a UNICEF project officer and support staff. The unit will have two functions. It will serve as a technical support centre for the seven country programmes and identify and transfer state-of-the-art knowledge in areas identified by the evaluation as in need of strengthening; and it will provide technical and advocacy support to Central American institutions involved in subregional water, sanitation, hygiene and environmental protection initiatives.

16. Capacity-building activities will include the provision of technical support to partner agencies and UNICEF country offices in the areas of community-based planning and gender-sensitive analysis; the integration of health education into water and sanitation interventions; and the development and application of sustainable cost-recovery policies. The systematic documentation of successful experiences in these areas will facilitate the exchange of experiences between countries and analysis by sectoral policy makers. These activities will be undertaken in collaboration with government partners and UNICEF country offices, and with support from such Central American institutions as CAPRE and the High Council for Universities of Central America (Consejo Superior de Universidades de Centroamerica (CSUCA)), and will be coordinated with RWSN-CA, the USAID Environmental Health Project, the International Reference Centre for Water and Sanitation, the United Nations Development Fund for Women and the World Bank.

17. The exchange of experiences between country programmes will be promoted through biannual subregional workshops, distribution of technical guidelines and materials documenting successful experiences and the maintenance of a communications network to facilitate dialogue between national, regional and local organizations and institutions. This network will be maintained in coordination with UNICEF country offices and with support from RWSN-CA.

18. The programme will also include a project aimed at strengthening the capacity of Central American institutions that have agreed to cooperate in the development and implementation of the Central American Plan for Water for Human Consumption and Sanitation, which is part of the Central American Plan for Integrated Water Resource Management. Major partners will include CCAD, CAPRE, the special commissions of PARLACEN and FEMICA in the areas of coordination of Central American sector activities; CSUCA in the area of hygiene education; the Regional School for Sanitary Engineering in the field of training, data collection and research; the Regional Water Resources Committee in the field of data collection; and the Central American Institute for Investigation and Industrial Technology (Instituto Centroamericano de Investigación y Tecnología (ICAITI)) in the area of water and sanitation technologies research. Activities will include technical assistance in the preparation of materials for training, social mobilization and advocacy, preparation of fund-raising proposals and support for monitoring and evaluation of progress and impact of water and sanitation interventions.

Coordination with other agencies

19. The programme will work closely with RWSN-CA, the main entity through which the UNICEF programme will ensure effective coordination with other international organizations. The programme will enrich RWSN-CA through the provision of systematic models and tools for advocacy compiled by the UNICEF subregional support unit. These case studies and models will be conveyed through the network in order to contribute further to policy development.

Programme management

20. The subregional unit will work in close coordination with the UNICEF country offices in Central America. Programme management will be facilitated through tripartite annual meetings of the UNICEF subregional unit and country offices, key national institutions, the RWSN-CA, key institutions of the Central American integration system and donor agencies. Support to Central American institutions will be coordinated with the Central American Council for Social Integration (Consejo de Integración Social (CIS)) and CCAD. The subregional support unit will develop a common monitoring and evaluation system based on the logical framework approach.

Estimated annual expenditure a/

(In thousands of United States dollars)

	1997	1998	1999	200	2001	Total
Subregional water and sanitation programme	650	510	495	420	425	2 500

a/ This budget is for the subregional component only. The country-specific water and sanitation components have been incorporated in individual country programmes.

II. CENTRAL AMERICA AND PANAMA: MICRONUTRIENTS

Situation analysis

21. Although significant progress has been made, micronutrient deficiencies are still a public health problem in Central America. All seven Central American countries have adopted laws and regulations requiring that all salt produced for human and animal consumption be iodized; currently, 90 per cent of the salt they consume is iodized. However, the sustainability of these achievements may be hampered by the absence of modern technologies and equipment and an effective monitoring system. Exception in Costa Rica, the process of fortifying salt with iodine is still rudimentary. Despite efforts made by the Association of Central American Salt Producers to promote experience exchanges and strengthen the capacity of its members, training is still required in the areas of production, fortification, distribution, marketing, management and control.

22. All sugar in Guatemala is fortified with vitamin A, but the rate is lower in El Salvador (75 per cent), Honduras (40 per cent) and Nicaragua (26 per cent). Only El Salvador and Guatemala have enacted laws on sugar fortification. The efficiency and reliability of the sugar fortification process needs to be improved to assure the homogeneous blending of sugar with the vitamin A pre-mixture. At the same time, there is a need to promote the training of sugar producers from other Central American countries in fortification and quality control techniques.

23. Despite a high prevalence of iron deficiency in Central America, actions to reduce it have been few and sporadic, with only El Salvador, Guatemala and Honduras implementing national programmes through fortification of wheat flour with iron. In addition, Guatemala and Nicaragua are distributing cookies fortified with iron to 1,600,000 and 250,000 school children, respectively. However, the effectiveness of the flour fortification approach is under review as flour is not consumed in significant amounts by the groups most at risk. The success of food fortification with iron will depend on the identification of appropriate foods and technologies.

24. Most countries in Central America continue to provide micronutrient supplements to children in addition to the fortification programmes. However, supplementation has limited coverage and lacks sustainability due to high costs and the inaccessibility of some target populations. Improved approaches to distribution are needed, and alternatives need to be explored, including possible partnerships with the private sector.

25. In most Central American countries, non-governmental organizations (NGOs) have promoted family orchards and vegetable gardens as a means of growing foods rich in micronutrients. However, evaluations have demonstrated that in order to be for these activities to be sustainable, families should grow plants indigenous to the region. Although these actions have a higher cost per capita than other interventions, they can complement other mass approaches to reducing micronutrient deficiencies.

Programme cooperation, 1991-1996

26. UNICEF support has been crucial to the reactivation of micronutrient programmes and the building of programme partnerships between the private and government sectors and international agencies. Activities supported by UNICEF included a study to determine the prevalence of goitre and assess the capacity and coverage of fortification programmes. The results of this study were used

to promote, through PARLACEN, the harmonization of laws on the marketing of iodized salt in Central America. Another major achievement of UNICEF advocacy was the creation of the Central American Association of Salt Producers, which plays a vital role in assuring the sustainability of salt iodization. In collaboration with Guatemala's Sugar Producers Association and other international organizations, UNICEF promoted and organized the International Conference on the Fortification of Sugar with Vitamin A, held in Guatemala in March 1996, to share Guatemala's experience with other sugar-producing countries. At the Conference, the sugar industry and 29 Governments from Asia, Africa and the Americas made commitments to fortify sugar with vitamin A.

Lessons learned

27. Five years of experience indicate that a successful micronutrient programme in Central America requires: (a) a partnership between the Government and the private sector; (b) subregional agreements and coordination among Governments; (c) the designation of a subregional private sector partner; (d) the organization of producer associations at country level; (e) the availability of appropriate technology, exchange of experiences and training of producers; (f) food fortification, accompanied by supplementation in high-risk areas where fortified foods are not yet available and by activities to increase access to and consumption of micronutrient-rich foods; (g) a nutritional education programme to keep consumers well informed and stimulate demand; and (h) a monitoring system.

Proposed programme

28. By the year 2000, the proposed subregional programme seeks to help achieve and sustain the decade goals for iodine, iron and vitamin A. The subregional programme will assist country programmes to establish and maintain systems to ensure : (a) affordable and feasible activities that address micronutrient malnutrition; (b) sustainable strategies that will be incorporated into national policies and programmes; and (c) access to the best available information, knowledge and technical capacity on food fortification.

29. Programme strategies will be based on building regional-level partnerships to: (a) strengthen the technical knowledge, skills and institutional capacities of partners in each country; (b) support effective communication systems to provide access to available information, knowledge and skills in micronutrient initiatives; (c) influence public opinion, policies and the allocation of resources; and (d) establish guidelines and standards of quality for national programmes, services and products.

30. Major components will include fortification, education, supplementation, dietary improvement and monitoring and evaluation. Activities within these components include training, information and communication, advocacy, partnership-building and the production of technical guidelines and publications.

31. Country-level activities will be implemented according to government policies, be carefully synchronized with UNICEF country programmes and be in accordance with the specific features of each country (needs, access to funding, feasibility and opportunities for impact and sustainability). The subregional component will complement country efforts and facilitate cooperation between the countries, including economies of scale in the purchase of raw materials and transfer of technologies.

32. In Belize, activities will include supplementation and dietary improvement to reduce anaemia in pregnant women, education to increase the consumption of micronutrient-rich foods and surveillance of micronutrient deficiencies. In Costa Rica, support will be provided for social mobilization in defense of children's right to adequate nutrition and the formulation of national policies on micronutrients, particularly the control of iron deficiency. In El Salvador, where the Government and the private sector have assumed full responsibility for the fortification of food with vitamin A, iodine and iron, the programme will fund activities to consolidate and increase progress in the field of micronutrients and create public awareness of the advantages of micronutrient-rich foods. The programme will also provide technical and financial support for food fortification, evaluation of food fortification with iron and nutritional education at the local and community level, based on municipal plans of action.

33. In Guatemala, the subregional programme will support the enforcement of food fortification laws by strengthening monitoring of sugar and salt fortification. Support will provided for the identification of alternative foods to be fortified with iron, and for supplementation with vitamin A, iron and iodine for children in high-risk areas. The programme will promote the participation of other sectors in the diffusion of educational messages and support nutritional education that promotes dietary diversification, particularly in high-risk municipalities.

34. In Honduras, cooperation between the salt and sugar producers and the Ministry of Health will be promoted to improve fortification with iodine and vitamin A. The programme will support a feasibility study to identify an appropriate food to be fortified with iron, as well as social marketing to stimulate demand for iron-fortified foods and actions for dietary diversification. Support will include strengthening of national capacities for surveillance and monitoring and quality control of fortified foods.

35. In Nicaragua, the programme will support advocacy for food fortification and social communication to stimulate consumer demand. It will also support feasibility tests on the fortification of one food with vitamin A and iron; surveillance to prevent micronutrient deficiencies; establishment of a system to monitor quality assurance of food fortification; and identification of local alternatives to ensure the consumption of micronutrient-rich foods.

36. In Panama, support will be provided to revise the legislation on salt iodization to include vitamin A and iron; for enhancing the quality and sustainability of food fortification through advocacy, training and experience exchanges; and for social marketing to stimulate the demand for fortified foods. At the subnational level, technical assistance will be provided to strengthen local capacities for micronutrient surveillance and for efficient distribution and targeting of micronutrient supplements in high-risk and priority areas.

37. In addition to the support provided to individual countries, there will be a subregional component. It will focus on: (a) designing and implementing a salt and sugar fortification training programme for production personnel; (b) strengthening the Central American associations of producers and micronutrient commissions; (c) adapting to Central American conditions the monitoring systems for universal salt iodization and vitamin A programmes developed by Micronutrients International; (d) promoting legislation by PARLACEN; (e) advocacy and technical support for the improvement of fortification technology; and (f) facilitating economies of scale and the exchange of experiences and technologies between countries.

38. To ensure the programme's institutional feasibility, coordination will involve a number of subregional and international institutions, including the Central American Nutrition Institute (Instituto de Nutrición para Centroamerica y Panamá(INCAP)), PAHO, ICAITI, CIS, PARLACEN, the Programme Against Micronutrient Malnutrition and Opportunities for Micronutrient Interventions. The individual country offices will coordinate with bilateral cooperation agencies and relevant NGOs. The subregional programme will cooperate closely with the associations of sugar and salt producers in each country and at Central American level, and the Consumers' League in aspects such as legislation and quality control.

39. A monitoring system will be established for programme supervision and evaluation, including data recording and publishing, introduction of uniform indicators and preparation of quarterly progress reports. In this way, progress in the subregion as a whole can be monitored.

Programme management

40. Country-specific activities will be managed through UNICEF country offices and implemented by the respective Ministries of Health, national salt and sugar producers associations and other partners, in coordination with the local representations of INCAP. At the subregional level, the UNICEF Area Office in Guatemala will provide technical support to country offices and subregional partners. The Area Office will be responsible for coordinating the implementation of the regional component and for promoting exchanges of experiences between countries.

Estimated annual expenditure

(In thousands of United States dollars)

Country	1997	1998	1999	2000	2001	Total
Belize	53	43	26	20	15	157
Costa Rica	90	80	60	40	25	295
El Salvador	175	130	100	80	40	525
Guatemala	190	150	110	90	70	610
Honduras	100	100	100	100	95	495
Nicaragua	205	195	160	140	140	840
Panama	130	105	90	93	95	513
Subregional	200	165	147	143	110	765
Total	1 143	968	793	706	590	4 200

III. AMAZON SUBREGIONAL PROGRAMME

The situation of children and women

41. The people of the Amazon subregion are among the poorest in South America in terms of social indicators. In some countries, social conflicts are degenerating into violence. Basic services are scarce, and where they are available they are inadequate in coverage and poor in quality. Overall, economic and social pressures and inadequate policies are bringing about

disorderly settlement, deforestation, loss of fertile topsoil due to erosion, declining water quality in rivers and increased solid waste and pollution.

42. Some 400 indigenous groups make up 10 per cent of the Amazon population, and they and their way of life come under intense pressure from people migrating from outside the region, traditional river dwellers and urban populations. Cities are an important factor in the development of the Amazon, with some 60 per cent of the population living in urban areas. The situation of urban children and women will become an increasingly important factor in the Amazon region. The future prospects of all children and women in the Amazon are deeply intertwined with the challenge to protect this unique environment and the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women.

43. Of the estimated Amazon population of 21 million, over 50 per cent are children. Most live in economic and social poverty and depend on an environment which is ecologically at risk. The limited, reliable information indicates that indigenous children generally are subject to ethnic discrimination and usually are denied their rights to education in their native languages. IMR in some Amazon areas is double the national average of the individual countries (for example, children of the Ashaninka people of Peru have an IMR that is triple the national average). Child labour, including prostitution, coca production and panning for gold, are major abuses.

44. Women fare little better. Fertility rates are high - the Bolivian Amazon rate is 8.5 births per woman compared to a national rate of 4.9 - and maternal mortality rates are also high. In the Amazon areas of Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname and Venezuela, women's illiteracy rates are higher than the corresponding national averages. Out-migration, mainly by men, results in many households being headed by women, with resulting social hardships and women becoming the main sources of family incomes.

Programme cooperation, 1992-1996

45. The Amazon subregional programme was approved by the Executive Board for the 1992-1996 period and fully funded at $4.5 million. For the most part, the objective to foster the well-being of the poor, especially women and children, through actions of sustainable social and economic development adapted to the special characteristics of each area, has been achieved.

46. The capacity of local governments and NGOs was enhanced with respect to project planning and implementation. Community and government personnel were trained in basic health care, e.g., control of diarrhoeal and respiratory diseases and pregnancy- and childbirth-related problems in Peru. Health monitoring systems were supported in Venezuela.

47. Training was provided to teachers of bilingual and intercultural education; 500 teachers from 21 ethnic groups have improved their teaching skills in Bolivia, and 90 teachers received a basic rural teaching qualification in Suriname. Activities also sensitized children to the unique environments they inhabit in Colombia and Ecuador. Social communication included radio spots and the establishment of radio systems in Brazil. Projects supported ways to empower women to participate in community development and income production activities, as in Guyana. Water systems and solid waste recycling processes were part of basic services in Brazil.

48. UNICEF cooperated with the United Nations Development Programme, the Inter-American Institute for Agricultural Cooperation, PAHO/WHO and the World

Wildlife Fund. Supplementary funding came from the Swedish Government and the Dutch, German and Spanish Committees for UNICEF. There was extensive cooperation with national and local government agencies. NGOs and indigenous organizations were major partners in management, social services and improving information about the social situation.

49. Coordination with other organizations was largely realized as planned. UNICEF fulfilled its role as a link with many organizations and as a catalyst for action in the Amazon region. One example of this was Project Aquiri in Acre State in Brazil, in which UNICEF accompanied other donors into the Amazon region of Guyana.

Lessons learned

50. It is clear that in the Amazon, the fragile environment is interrelated with every social development issue affecting children and women. Social development should be strongly linked with the concept of primary environmental care (PEC).

51. The diversity of Amazonian socio-economic situations and relations with the respective countries requires a range of adjustable short- and medium-range actions. The natural cross-border social and economic links of the peoples of the Amazon and the need to economize efforts to compensate for the logistical difficulty of providing services in a large area with relatively poor communications has highlighted the advantage of a strong subregional focus. This facilitates the exchange of experiences among communities and partner agencies in the different countries. In addition, ongoing decentralization and municipalization processes in most countries will facilitate local planning and community participation.

52. Education, which responds to linguistic and cultural characteristics of the various ethnic groups, has been identified as the key to sustainable social development, encourages families to utilize basic services and reaffirms cultural identity (the Bolivia experience was evaluated as a model in this regard). Existing government and NGO infrastructures for health and sanitation do not provide sufficient access to high-quality services, fail to stimulate community use of existing services and do not enhance community competencies to their identify needs and organize local intervention. UNICEF is able to help to formulate public policies and serve as a programming bridge to bring together different levels of government and civil society. Radio is the best option for mass communications in the subregion. Household food security in the Amazon is best attained by growing crops which are native to the region, and which are in harmony with the biodiversity of the forest environment.

Proposed programme

53. The overall objective of the proposed programme is to reduce social disparities and gaps in basic human development indicators that affect the Amazon region. The fundamental strategy is to employ advocacy to promote children's and women's rights and PEC, through integrated demonstration programmes in the eight countries comprising the subregion.

54. The multi-country integrated demonstration approach is expected to produce synergistic effects, especially through developing new institutional capacities. For example, the commonality of problems in neighbouring Amazon areas of different countries will allow for exchanges of expertise at all levels of social organization. Therefore, use of resources for programme development can be optimized by sharing successful programme designs, e.g., primary-level

bilingual education for children. Joint activities can be conducted in border areas of neighboring countries. Costly activities such as the creation of a database in each subregion can be avoided by the creation of a common database. A small subregional component supported by regional advisors will complement coordination efforts by designated area focal points in country offices.

55. The strategy for advocacy will promote social policies that invest in the Amazon and its populations as part of an effort to sustain the resource base for national development. The empowerment strategy involves activities with families, communities and ethnic groups to identify needs and actions to improve sustainable livelihoods, as well as demonstrate how families can have better access to existing services. Capacity-building will focus on strengthening the organization of networks of decentralized and local institutions, including governmental agencies, municipalities, NGOs, indigenous and community organizations and labour unions, while stressing community participation. Capacity-building activities will also design and test ways to improve access to and coverage and quality of basic service delivery (health, education, water and sanitation) and legal protection activities, in ways that are sustainable (for example, helping local agencies and communities to develop skills to monitor health and nutrition).

56. The subregional programme will involve two interrelated projects, described below.

Development of social policies for the Amazon region

57. The networks of government organizations and NGOs still lack sufficient technical and communication capacities to succeed with major policy initiatives. They need better tools for advocacy so that they can create public awareness, stimulate social mobilization and influence policies and resource allocations. Thus, this project will support the generation and dissemination of information and appropriate indicators for continuous monitoring and situation analysis. The process of strengthening municipal capacities will lead to creation of more disaggregated data (e.g., by gender and urban vs. rural) for a detailed analysis of the Amazon subregion. The ability of UNICEF to collaborate with numerous partners in a variety of political environments will be the base for creating more strategic partnerships for children and networks which connect governmental, non-governmental and community organizations, churches and other partners for development. The creation of such networks is a central challenge of the programme, but it is critical if countries are to support the rights of indigenous children and women in a culture of tolerance, respect for diversity and peace. The project will promote and facilitate formal and informal exchanges of experiences among countries through field visits, publications and joint actions. The project will support the creation of an electronic database accessible by the different partners, and a collaboration with the Amazon universities' network will be established to identify a way to sustain development of capacities to assess, analyze and act on issues as they emerge (the "triple A" approach originally set forth in the nutrition strategy).

Primary environmental care

58. The integrated and multisectoral approach developed in Brazil will be adopted as a model in the field of PEC, which will address such factors as the fragility of the environment and the vulnerability of human inhabitants, indiscriminate processes of exploitation of the rain forest, the precarious conditions of food security facing indigenous and newcomer households, patterns of epidemiology and the growing problem of vector-born diseases in urban settlements, as well as the lack of education and basic services. The PEC project has three components as described below.

59. The project on household food security and maintenance and improvement of the environment will support innovative and sustainable initiatives in areas specifically related to the situation of urban and rural Amazon environments and improving child survival, protection and development: (a) water, including low-cost sustainable technology for providing clean drinking water; (b) innovative solutions for solid waste disposal and basic sanitation in urban and peri-urban environments; and (c) household food security, replicating innovative approaches for sustainable food and forest product production that sustains the forest environment. A major empowerment strategy will be environmental education designed for urban and rural communities. Communication activities will focus on diffusion of these themes through national press, local radio and television networks, rural radio networks in native languages and interpersonal channels, such as community organizations.

60. Under the basic education project, ongoing activities in the field of bilingual intercultural education, pre-school and child development, training of teachers and educators, and literacy and training for indigenous groups will expand existing coverage, with stronger emphasis on primary-level bilingual education for indigenous children. The project will support national decentralization processes in order to strengthen local education management capacities and promote community participation through culturally acceptable methods. Pre-service and in-service teacher training will be strengthened using the training facilities of the different countries such as the institutions at Puno in Peru and Tumichucua in Bolivia. Textbooks and publications for primary and adult education will be prepared and used widely within the subregion. Training of community leaders will be expanded and systems for measuring learning achievements will be developed in partnership with school faculties, local governments, NGOs and communities. An approach to parental education will be developed, focused on child rights and the roles of both mothers and fathers in the care of children.

61. Newly added for the proposed next phase of the sub. gional programme, the primary health care (PHC) project has as its main objective to support the development of public health policies for the Amazon region, taking into account cultural, ethnic, environmental and geographical realities, thus addressing weak health infrastructures in the subregion. A first strategy involves capacity-building to develop and strengthen information monitoring systems on basic indicators for maternal and child health. Data will be collected from established sources and/or surveys and studies of specific target populations. In selected areas, support will be provided to public organizations and NGOs for implementing a basic health care package for children and women. These experiences will serve as foundations for developing adequate health programmes that may be expanded to other locations after they have been carefully evaluated. For rural and indigenous populations, the project will focus efforts on preventive health care and developing health education; training and follow-up support for health community promoters; educating families in self-care; and appropriate use of traditional indigenous medicines. UNICEF will provide technical assistance and facilitate intergovernmental coordination for expanding the coverage of national PHC programmes, especially in relation to immunization and vitamin A and iron supplementation and fortification. In addition, specific low-cost actions will be promoted relating to control of endemic diseases, such as the use of impregnated bednets against mosquitoes and targeted use of malaria prophylaxis.

Programme management

62. In each country, the programme will form part of the plan of operation governing UNICEF cooperation with the host country. At subregional level, the Regional Office for Latin America and the Caribbean will coordinate activities

and monitor and report on progress. UNICEF support includes costs for consultants for specific technical roles, and costs for administration, travel and logistics. The strategic approach of the programme will be evaluated after a two-year period.

63. The activities proposed in this recommendation do not duplicate activities of individual country programmes. However, since the programming cycles of the eight countries concerned do not coincide as they follow the planning cycle of each Government, transparency will be ensured by including a reference to the subregional programme in each country programme recommendation as it is proposed for approval by the Executive Board.

64. The projects for each country component are proposed according to need, e.g., specific problems affecting children and the environment, and opportunities. The amounts of supplementary funding proposed per country are described in the table below.

Estimated annual expenditure

(In thousands of United States dollars)

Country	1997	1998	1999	2000	2001	Total
Bolivia	800	800	800	800	800	4 000
Brazil	800	800	800	800	800	4 000
Colombia	500	500	500	500	500	2 500
Ecuador	550	550	550	550	550	2 750
Guyana	200	200	200	200	200	1 000
Peru	550	550	550	550	550	2 750
Suriname	200	200	200	200	200	1 000
Venezuela	225	225	225	225	225	1 125
Subregional	175	175	175	175	175	875
Total	4 000	4 000	4 000	4 000	4 000	20 000

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CA Subregional
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
WATER SUPPLY AND SANITATION	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
MICRONUTRIENTS	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SUPPLEMENTARY FUNDING :																	
WATER SUPPLY AND SANITATION		0	2,500	2,500	0	0	0	1	0	0	1	0	1	2	741.9	147.9	889.8
MICRONUTRIENTS		0	4,200	4,200	0	0	0	0	1	0	1	0	2	3	668.9	184.2	853.1
TOTAL SF		0	6,700	6,700	0	0	0	1	1	0	2	0	3	5	1,410.8	332.1	1,742.9
TOTAL GR & SF	0	0	6,700	6,700	0	0	0	1	1	0	2	0	3	5	1,410.8	332.1	1,742.9
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			0.0													
	Staffing				0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
GRAND TOTAL (GR+SF+ADM)					0	0	0	1	1	0	2	0	3	5	1,410.8	332.1	1,742.9
Number of posts and staff costs:																	
Current programme cycle											1		2	3			
At the end of proposed programme cycle (indicative only)											2	0	3	5	1,410.8	332.1	1,742.9

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.

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TABLE (continued)

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : AMAZON
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
AMAZON SUBREGIONAL PROGRAMMES	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SUPPLEMENTARY FUNDING :																	
AMAZON SUBREGIONAL PROGRAMMES		0	20,000	20,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	20,000	20,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR & SF	0	0	20,000	20,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			0.0													
	Staffing				0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
GRAND TOTAL (GR+SF+ADM)					0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
Number of posts and staff costs: Current programme cycle														0			
At the end of proposed programme cycle (indicative only)											0	0	0	0	0.0	0.0	0.0

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.

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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Lao People's Democratic Republic

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the Lao People's Democratic Republic with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $1,040,000 from general resources, subject to the availability of funds, and $1,523,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the year 1997.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	2.2
U5MR (per 1,000 live births)	138
IMR (per 1,000 live births)	94
Underweight (% moderate and severe)	40
MMR (per 100,000 live births) (1990)	650
Literacy (%,male/female) (1995)	69/44
Primary school enrolment (net % male/female) (1993)	75/61
Primary school children reaching grade 5 (%) (1992)	53
Access to safe water (%)	45
Access to health services (%)(1985)	67
GNP per capita (1994)	$320

One-year-olds fully immunized against:

tuberculosis:	69 per cent
diphtheria/pertussis/tetanus:	48 per cent
measles:	73 per cent
poliomyelitis:	57 per cent

Pregnant women immunized against:

tetanus:	34 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. In 1991, the Government of the Lao People's Democratic Republic signed the Declaration of the World Summit for Children and acceded to the Convention on the Rights of the Child. The Lao People's Democratic Republic has participated actively in the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women, and is preparing for membership in the Association of South-East Asian Nations in 1997.

2. A World Bank analysis of 1992-1993 survey data showed that even with positive trends, such as virtual universal land ownership, almost 50 per cent of the population live in poverty and warned that economic growth may be taking place at the expense of social equity.

3. The infant mortality rate declined from 117 per 1,000 live births in 1990 to 94 in 1994; the under-five mortality rate remained approximately the same, as did the maternal mortality rate. With the population spread thinly through rural mountainous terrain, the delivery of services is difficult owing to limited infrastructure. However, immunization coverage improved through outreach services, with coverage for three doses of combined diphtheria/pertussis/tetanus vaccine increasing from 22 per cent in 1991 to 53 per cent in 1995. Chronic malnutrition (stunting) affected 47 per cent of children under five years of age, unchanged since 1984. Severe malnutrition was 11.7 per cent.

4. Malnutrition is attributed to illnesses, lack of health and nutrition information, and food insecurity. While breast-feeding is almost universal, supplementary feeding is introduced too early. With 95 per cent of the population deficient in iodine and 65 per cent seriously so, the Lao People's Democratic Republic is one of the most severely affected countries in the world. Vitamin A deficiency is less severe but country-wide.

5. While enrolment of school-age children rose from 60 to 70 per cent from 1990 to 1995, rural girls, particularly of ethnic minorities, have lower enrolment and higher drop-out rates. Only 44 per cent of women are literate, compared with 69 per cent of men. The numbers of out-of-school youth are increasing, and continuing education opportunities are limited.

6. Regarding child rights protection issues, internal migration of young people to urban areas in search of work is increasing. There is some trafficking of children for sexual exploitation and child labour. HIV/AIDS prevalence is escalating, especially in border provinces. The problem of unexploded ordnance (UXO) affects 12 of the country's 17 provinces, and 44 per cent of the victims are children.

7. Although overall Government structure and systems are still weak, implementation capacity at the province level is often strong. District capability is limited by a lack of transport, trained personnel, infrastructure and funds.

PROGRAMME COOPERATION, 1992-1996

8. The expanded programme on immunization (EPI) became the lead priority for the country programme, and by the end of 1994, coverage rates for all six antigens had doubled over 1993 levels. In 1995, EPI-Plus was introduced, with the additions of vitamin A supplementation, the promotion of oral rehydration therapy (ORT) and hygiene education to the outreach package, and additional mid-decade goals were tackled progressively. The Government promulgated a decree requiring iodization of edible salt. The Baby-Friendly Hospital Initiative target was expanded, and a Government decree was issued on the marketing of breast milk substitutes. The efforts of the Lao Women's Union (LWU), private pharmacists, teachers and health workers were organized to reach more rural households with ORT promotion and expand access to oral rehydration salts (ORS). A safe motherhood initiative was launched.

9. The water and sanitation programme achieved coverage targets through building implementation capacity and mobilizing substantial community contributions. The mid-decade goal of 51 per cent coverage for safe water was achieved, and latrine coverage reached 32 per cent, exceeding the goal of 22 per cent.

10. The basic education programme improved access and quality of primary education in rural and minority districts in eight provinces by upgrading untrained and unqualified teachers. Student learning and attendance was improved through more systematic monitoring and supervision which, in turn, led to increased parental support for school improvement. Coordination with the World Bank, the Asian Development Bank and Save the Children Fund (United Kingdom) focused on training district pedagogical advisers and upgrading the curriculum and pedagogy for teacher training.

11. In women's development, the social mobilization capacity of LWU was critical to success in EPI. It was also crucial for the development of village credit schemes to improve food security, reduce women's labour, assist income generation and enhance family health protection, enabling access to essential drugs and treated mosquito bed-nets for malaria prevention.

12. The advocacy and communications programme was instrumental in stimulating the community mobilization required for the introduction of treated bed-nets and the intersectoral initiative for marketing locally produced ORS. A system was developed for monitoring the mid-decade goals, including a multiple indicator cluster survey.

13. UNICEF cooperation expanded to include children in especially difficult circumstances generally and child trafficking in particular. UNICEF and the United Nations Development Programme (UNDP) jointly sponsored a UXO Trust Fund in 1995, and the Government and UNICEF are developing an initiative in UXO community awareness. UNICEF is also supporting the design of the Government component of the three-year Greater Mekong regional HIV/AIDS project under the umbrella of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The United Nations/Lao People's Democratic Republic country strategy note (CSN) was finalized with the Government in 1996, and sector coordination groups involving the resident United Nations agencies (the Food and Agriculture Organization of the United Nations, UNDP, the Office of the United Nations High Commissioner for Refugees, the World Health Organization and UNICEF) have begun work.

Lessons learned

14. The 1995 mid-term review of the country programme indicated that a sharper programming focus was required. The follow-up focus on specific goals with a combined strategy mix, i.e., service delivery, capacity-building and advocacy and mobilization, and an emphasis on the provincial level, contributed to an increase in national coverage in EPI and water and sanitation programmes. The provincial and district zonal strategy for EPI succeeded in reaching remote villages, including those where health facilities are accessible but under-utilized. The leadership of the Provincial and District Commissions for Mothers and Children promoted multisectoral approaches and interministerial coordination, which were critical in reaching remote villages.

15. Many village households paid for portions of the cost of water supplies, latrines, school construction and textbooks. This opens the way for the development of community participation through, for example, parent/teacher and water supply user groups.

RECOMMENDED PROGRAMME COOPERATION, 1997

Estimated expenditure

(In thousands of United States dollars)

General resources	
Health and nutrition	655
Basic education	240
Women's development	10
Advocacy and communications	35
Planning and monitoring	40
Programme support	60
Subtotal	1 040
Supplementary funding	
Health and nutrition	573
Basic education	610
Women in development	340
Subtotal	1 523
Total	2 563

16. In an effort to optimize the planning and use of external aid resources, UNICEF, in coordination with other United Nations agencies and with the support of the Government, will continue its support to the present programme for an additional year to facilitate harmonization with the programme cycles of other United Nations agencies.

17. This "bridging" programme will continue efforts to achieve those mid-decade goals not yet met, e.g. EPI, vitamin A and education; to consolidate achievement of goals such as universal salt iodization; to incorporate recommendations of 1996 evaluations into the women's development and water supply and sanitation programmes; to gain experience with new initiatives and partnerships in HIV/AIDS and children in especially difficult circumstances; to develop a programming framework based on the Convention on the Rights of the Child; and to utilize the umbrella of the CSN for the formulation of the new country programme.

Health and nutrition

18. Efforts will continue to achieve and sustain 80 per cent immunization coverage of infants and women of child-bearing age. EPI-Plus outreach will be expanded to cover 75 per cent of the rural population. House-to-house promotion strategies for maternal and child health (MCH) services will be tested in four pilot provinces to cover children and women who underutilize available health facilities. A replicable community health package based on coordinated delivery of MCH services through traditional birth attendants and health volunteers will be developed further. Support will be maintained for policy development related to revolving drug funds, and salt iodization will be monitored.

Water supply and sanitation

19. Cooperation will continue with the Ministries of Health and Education, NGOs and other institutions through the installation of 1,400 borehole water supply systems, 300 dug wells, 200 rainwater jars, 30 gravity-feed water supply systems, 30 spring water protection systems, 14,000 low-cost family latrines, and water and sanitation facilities for 100 primary schools. Hygiene and environmental education will focus on the control of diarrhoeal diseases; community participation in planning, installation, operations and maintenance will be developed; and evaluation tools will be developed to measure the impact of water and sanitation interventions.

Basic education

20. The teacher upgrading project will cover about 1,000 untrained teachers and 30,000 students of 200 schools in rural ethnic minority districts in nine provinces. School clusters will be strengthened to sustain teacher development and effective school-based management activities. Another 450 teachers will be covered by teacher upgrading activities, and 100 schools will be upgraded with community participation. Community-based early childhood development (ECD) and family development activities will be developed as part of the non-formal education project in 10 communities in Houaphan Province. Health and nutrition, HIV/AIDS and gender and development will be integrated into formal and non-formal curricula.

Women's development

21. Capacity-building of LWU staff will focus on upgrading the quality of gender analysis and planning skills to sustain family welfare activities, incorporate gender issues into national development priorities and accelerate implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. The empowerment of women in household decision-making, family food security and income generation will reach 400 rural communities, or approximately 40,000 families, and credit assistance will be linked more effectively with non-formal education/ECD. Priority will be given to the sustainability of community and family actions for improved health through revolving drug funds, malaria prevention and safe motherhood interventions.

Advocacy and communications

22. Upgrading the communication capacities of the country's national and regional media will continue, with a focus on programming for children and reaching ethnic minority populations. Relations will be developed with the Young Pioneers and Buddhist clergy, who are newly emerging communication partners. The advocacy strategy will highlight and promote child rights and address child protection issues.

HIV/AIDS and children in especially difficult circumstances

23. The Lao People's Democratic Republic component of the six-country, Greater Mekong regional HIV/AIDS project, also assisted by the Netherlands National Committee will come into full implementation in close collaboration with UNAIDS and focus mainly at the subnational level. Child protection issues will be addressed further, e.g. migration and trafficking issues affecting rural girls and women, as well as UXO community awareness activities.

Planning and monitoring

24. Collaboration will continue with the National Statistics Centre and other agencies on the development of a system on social indicator monitoring, especially with respect to the World Summit for Children goals, and will support the overall country programme planning process.

Programme management

25. UNICEF will develop further its relationship with the National Commission for Mothers and Children, particularly in regard to the latter's role with respect to implementation of the NPA and the Convention on the Rights of the Child. Joint UNICEF/Government annual programme planning will be stressed, along with strengthening potential for subsequent joint monitoring and coordination of the new country programme. A portion of general resources will be allocated for staffing and operations support to the programme. Additional project support costs, including technical assistance and personnel, are included in the supplementary-funded components of the programme.

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Table: Linkage of Programme Budget and Staff Costs 1997

(1) PROGRAMME SECTION/AREAS AND FUNDING SOURCES	(2) PROGRAMME BUDGET, 1997 (In thousands of US dollars)				(3) POSTS										(4) STAFF COSTS (In thousands of US dollars)		
					EXISTING POSTS						SUBTOTAL			TOTAL			
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	POSTS	IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and Nutrition	655			655				0	1		1		1	2	124	8	132
Basic Education	240			240				1			1		2	3	137	20	157
Women's Development	10			10							0		1	1		6	6
Advocacy and Communication	35			35							0			0			0
Planning & Monitoring	40			40							0			0			0
Programme Support	60			60							0	1	4	5		40	40
TOTAL GR	1,040			1,040	0	0	0	1	1	0	2	1	8	11	261	74	335
SUPPLEMENTARY FUNDING																	
Health and Nutrition		310	573	883				1	1		2	2	2	6	261	52	313
Water Supply and Sanitation		1,027		1,027				1	0		1	1	2	4	137	30	167
Basic Education		0	610	610							0	1	1	2		16	16
Women in Development		0	340	340							0	1	0	1		12	12
Advocacy and Communication		140		140					1		1	1		2	137	12	149
		0	0	0							0	0	0	0		0	0
			0	0							0			0			0
				0							0	0	0	0			0
TOTAL SF		1,477	1,523	3,000	0	0	0	2	2	0	4	6	5	15	535	122	657
TOTAL GR & SF				4,040	0	0	0	3	3	0	6	7	13	26	796	196	992
(5) ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1997)	Operating costs			152													
	Staffing			733			1	2	1		4	1	14	19	527	161	688
(6) GRAND TOTAL (GR + SF + ADM)				4,925	0	0	1	5	4	0	10	8	27	45	1,323	357	1,680
	(7) number of posts and staff costs:																
	- At the beginning of previous programme													0	N/A	N/A	N/A
	- At the beginning of proposed programme (1997)													0	N/A	N/A	N/A
	- At the end of proposed programme													0	N/A	N/A	N/A

Abbreviations: GR = general resources, FSF = funded supplementary funding, NSF = new supplementary funding, SF = supplementary funding, IP = International Professional, NP = National Professional, GS = General Service, ADM = administrative.